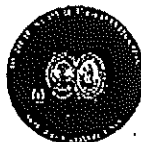


Public Service Commission of South Carolina
101 Executive Center Dr., Suite 100
Columbia, SC 29210



Complaint Form

Phone: 803-896-5100

Fax: 803-896-5199

www.psc.sc.gov

AUG 31 2012

Print

Date: _____

Complainant or Legal Representative Information: * Required Fields

Name * James & Beverly Imler

Firm (if applicable) _____

Mailing Address * 1158 Molokai

City, State Zip * Tega Cay SC Phone * 803-548-3135

E-mail * imlrja@comporium.net

Name of Utility Involved in Complaint: * Utilities Inc. Tega Cay, SC

NOTE: If AT&T is the utility involved, please complete the attachment located at the end of this form.

Type of Complaint (check appropriate box below.) *

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Billing Error/Adjustments | <input type="checkbox"/> Deposits and Credit Establishment | <input type="checkbox"/> Wrong Rate | <input type="checkbox"/> Refusal to Connect Service |
| <input type="checkbox"/> Disconnection of Service | <input type="checkbox"/> Payment Arrangements | <input checked="" type="checkbox"/> Water Quality | <input type="checkbox"/> Line Extension Issue |
| <input type="checkbox"/> Service Issue | <input type="checkbox"/> Meter Issue | | |
| <input type="checkbox"/> Other (be specific) _____ | | | |

Have you contacted the Office of Regulatory Staff (ORS)? * ☐ Yes ☒ NoName of
ORS Contact: _____

Concise Statement of Facts/Complaint: * (This section must be completed. Attach additional information to this page if necessary.)

We have to filter water before drinking because of taste.

Water in toilet bowls stain bowl.

Relief Requested: * (This section must be completed. Attach additional information to this page if necessary.)

Increasing the water cost would add insult to injury. No increase!

STATE OF SOUTH CAROLINA)

VERIFICATION

COUNTY OF York)

I, Beverly Imler
Complainant's Name *

verify that I have read my complaint filed on 08/23/2012

Date *

and know the contents thereof, and that said contents are true.

Complainant's Signature

Internal Use Only

Processed By	Date
H.E.	

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Columbia, SC 29210



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Complaint Form

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Date: _____

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Mailing Address * 1158 Molokai
City, State Zip * Tega Cay, SC Phone * 803-548-3135
E-mail * imlra@comporium.net

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| <input type="checkbox"/> Service Issue | <input type="checkbox"/> Meter Issue | | |
| <input type="checkbox"/> Other (be specific) _____ | | | |

Have you contacted the Office of Regulatory Staff (ORS)? * ☐ Yes ☒ No Name of ORS Contact: _____

Concise Statement of Facts/Complaint: * (This section must be completed. Attach additional information to this page if necessary.)

Water has a chemical taste.

Water left standing has a residue.

Relief Requested: * (This section must be completed. Attach additional information to this page if necessary.)

Increasing the water cost would add insult to injury. No increase!

STATE OF SOUTH CAROLINA)
COUNTY OF York)

VERIFICATION

I, James Imler verify that I have read my complaint filed on 08/27/2012
Complainant's Name * Date *

and know the contents thereof, and that said contents are true.

Page 1 of 2

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